

Communication

Key concepts and topics

- Communication skills and public health leadership roles
- Washington's public health system focus on communication
- Communication within Washington's public health system
- Public health communication plans and activities

Introduction

This section approaches communication from a variety of perspectives important to new local public health officials: 1) the individual communication skills important in the variety of communication roles required of these leadership positions; 2) Washington's public health system focus on communication; 3) communication within Washington's public health system; and 4) communication plans and activities.

Communication Skills and Public Health Leadership Roles

The day-to-day work of local public health leaders involves using a diverse set of communication skills, tools, and techniques for a variety of purposes. At the agency level, communication is a critical component of essential public health services. Following are examples of some of these communication skills, roles, and activities

Communication Skills Used in Public Health Leadership Roles

- Interpersonal communication skills
- Written communication skills
- Oral communication skills
- Presentation skills
- Group facilitation
- Problem-solving
- Negotiation
- Conflict resolution
- Team-building

Examples of activities using communication skills

- Planning/facilitating and participating in meetings
- Giving presentations to diverse groups in various settings
- Providing briefings to Boards of Health
- Participating on community and statewide groups
- Communicating in emergency or risk situations
- Interacting with the media
- Listening to staff and stakeholders

Public Health Leadership Roles Related to Communication

- Providing the general public and policy leaders with information on health risk, health status, and health needs in the community, as well as information on policies and programs that can improve public health
- Communicating health information to the community at large using the most appropriate media (print, radio, television, and Internet)
- Assuring the agency provides health information, health education, and health promotion activities designed to reduce risk and promote better health
- Maintaining communication with partners and stakeholders
- Influencing others
- Communicating the vision, mission, values and goals of the agency
- Creating a climate for open communication within the agency
- Developing communication plans and structures and protocols for specific issues and situations, such as emergency preparedness and response
- Managing agency communication

The Learning Resource Toolkit provides resources for some of these skills, roles, and activities.

Public Health System Focus on Communication

Public Health Improvement Partnership

The Public Health Improvement Partnership (PHIP) has provided the impetus for focusing on communication as a strategy for strengthening Washington's public health system. PHIP guides the development and implementation of a plan for collaborative action to bring about improved health in all the communities of Washington State. The Partnership joined efforts to establish a common vision for the public health system in Washington State and has made specific commitments for a sustained effort to achieve that vision. The Partnership selected seven areas in which to focus their efforts. For each area, there is a committee with a two-year work plan. Overall guidance is provided by a steering committee. The focus areas include:

- Key Health Indicators
- Standards for Public Health
- Financing
- Information Technology Planning
- Workforce Development
- Access to Critical Health Services
- Communications

The work carried out through several of these areas focuses on improving communications within the public health system and to the public.

- ***The Standards for Public Health in Washington State*** provide standards and measures of performance for the public health system in key aspects of public health. The Standards set an expectation that state and local public health agencies will:
 - Have the communication systems, plans, processes, and a capable workforce in place to communicate effectively in emergencies
 - Provide mechanisms for 24 hour local contact with the agency to report diseases

- or in the event of emergencies
- Keep the community informed about public health issues
- Provide information and data to the community and policy makers that will inform policy decisions.

Public information is one of several key management practices that cut across all topic areas and standards. In other words, some individual measures within all the topic areas include elements of public information (and communication.)

- ✓ *The Standards for Public Health in Washington State* can be accessed online at <http://www.doh.wa.gov/standards/default.htm>.
- **The Exemplary Practices Electronic Compendium**, developed as part of the ongoing work in Washington State related to the public health standards, is an excellent resource for accessing written examples of strategies, policies, documents, and tools that meet the criteria for exemplary practices. The practices are organized both by the Standards and key management practices. The key management practices provide a focus on public information, communication with policy-makers (governance) and other aspects of communication.
 - ✓ The Exemplary Practices Electronic compendium by key management practices is available online at <http://www.doh.wa.gov/PHIP/Standards/BestPractices/KeyManagementPractices/KeyManagementPractices.htm>
- ✓ **The Public Health Improvement Partnership Communications Committee**, comprised of individuals working at both state and local levels in public health, provides a focus for coordinating resources and efforts to develop needed communication infrastructure and approaches to improve public health and strengthen the public health system. The Communications Committee identified two major areas of focus for the committee's 2003-2005 work plan: 1) effective communication when responding to emergencies and issues of local concern, and 2) helping the community understand and support public health.
 - ✓ More information about the PHIP Communications Committee is available online at <http://www.doh.wa.gov/PHIP/default.htm#Communications>. The Communications chapter of the Public Health Improvement Plan Report is also accessible at this site.
 - ✓ The Public Health Communications Campaign developed through PHIP is described later in this section.
- **Information Technology Planning:** The need to disseminate and exchange information quickly in the event of a public health emergency makes it imperative to have secure, reliable and compatible communication and information systems. Making sure that the Department of Health (DOH), local health jurisdictions (LHJs) and other public health partners can communicate during an emergency is an essential part of emergency preparedness and response efforts. The PHIP Information Technology Planning Committee has focused planning on efforts to develop the infrastructure necessary so that all LHJs
 - Have multiple methods of communications
 - Have secure systems
 - Have complete and secure access to applications
 - Have sufficient equipment (servers, firewalls, routers, etc.).

- ✓ More information about the PHIP Information Technology Committee is available at <http://www.doh.wa.gov/PHIP/InfoTech/default.htm>. The Information Technology chapter of the Public Health Improvement Plan Report is also accessible at this site.

Communication Within Washington's Public Health System

DOH/LHJ Communication

A variety of structures, methods, processes and tools characterize communication between DOH and LHJs. Some of these are listed below.

- **DOH Communications Office:** coordinates with LHJs on communication with the public about public health issues of local, regional, or statewide concern.
- **Regional structures:** are utilized by some public health programs and services to facilitate communication, coordination and collaboration (Maternal-Child Health, Children With Special Health Care Needs, Breast and Cervical Health, Public Health Emergency Preparedness and Response, HIV/AIDS, Drinking Water, Community Health Assessment, and others. Some of these regional structures include regional planning, funding, management structures or decision-making mechanisms.
- **Advisory groups or committees:** may be used to provide a mechanism for key partners and stakeholders to provide input and maintain communication regarding public health system and program issues.
- **Washington State Association of Local Public Health Officials (WSALPHO) meetings and activities:** provide a vehicle for communication among DOH and LHJ leaders.
- **Listservs** are used as vehicles for information and resource sharing, problem solving and policy discussions among public health professionals from DOH and LHJs. Listservs are often used by DOH as a means for providing "heads-up" messages to LHJs about events, activities, or time-sensitive issues. (These are usually followed with formal, written communication). See the table in this section for a list and brief description of listservs maintained through DOH.)
- **Program meetings or conferences:** have differing goals and objectives, but often these include sharing information about program issues and best practices and opportunities for networking among DOH and LHJ staff.
- **Informal communication among program staff** at state and local levels is ongoing, and usually for purposes of collaboration and technical assistance regarding program issues and activities.
- **Formal business communication** is written and usually related to contracts, funding, rules and regulations, etc.
- **Directories of contact information:** DOH and LHJs work jointly to publish and disseminate several directories of contact information to facilitate 24/7 communications among state and local public health officials and with key partners. Contact the DOH Local Liaison (Marie Flake at marie.flake@DOH.WA.GOV or phone 360.236.4063) for additional information about these directories

- **DOH local liaisons:** are formally assigned staff responsible for fostering effective working relationships and communication between DOH and LHJs (among other responsibilities). Individuals in these positions have varied responsibilities, but each has significant roles related to DOH/LHJ communication. They may serve as information conduits, work to facilitate communication and information flow between DOH and LHJs, link and connect individuals for problem solving, etc. DOH has several local liaison positions:
 - The Local Liaison from the Office of the Secretary (Marie Flake, phone 360.236.4063)
 - The Public Health Nursing Liaison from the Community and Family Health Division (Debbie Lee, phone 360.236-3734) and
 - The Community Assessment Liaison from the Epidemiology, Laboratory and Health Statistics Division (Christie Spice, phone 360.236.4345).

Health Information and Communication Systems

As a result of joint state and local planning efforts through PHIP, several projects intended to improve and provide for secure redundant communication and exchange of information between DOH, LHJs and other public health and emergency response partners are underway. Some of these are briefly described below:

- **Washington State Electronic Communication Urgent Response and Exchange System (WA-SECURES)**
WA-SECURES is a tool for urgent communication and routine document collaboration for public health emergency response partners (public health agencies, hospitals, laboratories, and emergency management agencies) in Washington State.
- **Public Health Issue Management System (PHIMS)**
PHIMS is a secure, web-based application that LHJs can use to investigate and report notifiable conditions in Washington State in accordance with the Notifiable Conditions regulations (WAC 246-101). It has been developed to provide a secure tool and a standard method for LHJs to conduct case investigations and perform case management of notifiable condition events at the community level and report those cases to DOH and ultimately to CDC.
- **Public Health Reporting of Electronic Data (PHRED)**
PHRED is a web-based application that hospitals and laboratories will use to electronically report notifiable conditions to DOH. This reporting includes both infectious and non-infectious conditions, but excludes environmental testing

Other Electronic Communication Applications

Use of electronic mail, listservs, bulletin boards and calendars are examples of the daily operational communication applications used by the public health workforce. The Internet is also increasingly utilized as a research, education and marketing tool to enhance and deliver public health services.

- **ListServes**
Listserves are used as vehicles for information and resource sharing, problem solving and policy discussions among public health professionals.

Types of Listservs

- A *discussion list* allows the subscriber group to distribute information to each other. Each subscriber can respond to postings or post their own message. Current examples: WSALPHO Listserv, Health Officer Listserv.
- A *broadcast list* allows the owner or a designated group of people to distribute information to a subscriber group. This is a “one-way” distribution as subscribers cannot respond to postings or post their own information. (One-way announcement.) Current examples: Clandestine Drug Labs resource, EPI-Trends Distribution, Health Professions Newsletter distribution.

Listserv Naming Convention

DOH facilitates the creation and maintenance of many of these listservs through the Department of Information Services (DIS), and has applied the following “naming convention” to the beginning of each listserv name to help categorize and identify the various lists.

- *WA* – broadest membership/subscription; includes individuals outside of governmental public health usually related to a topic of interest – i.e. community assessment, public health training. Usually, open subscription, with no approval necessary. Individual simply requests to be added to the listserv.
- *LHJ* – membership/subscription is limited to governmental public health; predominantly LHJ staff and some DOH staff usually program, topic or role specific – i.e. oral health coordinators, vital records / deputy registrars. Limited subscription. Usually subscription is reserved for individual with specific roles. Some level of approval is needed for participation on the listserv.
- *WSALPHO* – membership/subscription limited WSALPHO member as approved by the WSALPHO Administrator. Also includes DOH and University of Washington-School of Public Health and Community Medicine leaders who interface frequently with these groups, as approved by the DOH Director of Public Health System Planning and Development. Limited subscription. Approval required by appropriate WSALPHO or DOH representative.

The chart below highlights those public health lists that focus on a variety of LHJ workforce needs. More information can be obtained about these lists by contacting listserv owners.

Listserves of Interest to Local Health Jurisdictions

List Name	List Name & Description of Subscribers
Press Release – LHJs	Press Release Includes individuals from LHJs, selected by each LHJ director, to receive press releases.
	Press Release Listserv Includes individuals who request, via the DOH web page, to receive electronic copies of press releases.
EHD List	Environmental Health Directors Includes individuals the EHD from each LHJ.
Press Release – PIOs	Press Release Includes some/most LHJ Public Information Officers
DOH DL LHJ Directors	LHJ Directors Includes the “director” for each LHJ.
DOH DL PHEPR Joint Advisory Committee	PHEP&R Joint Advisory Committee (Public Health Emergency Preparedness and Response)
DOH DL PHEPR LERC	PHEPR Local Emergency Response Coordinators Includes Local Emergency Response Coordinator for each LHJ
DOH DL PHEPR RERC	PHEPR Regional Emergency Response Coordinators (RERC) Includes the RERC for each of the nine PHEP&R regions
DOH DL PHEPR RLS	PHEPR Regional Learning Specialists Includes the Regional Learning Specialist for each of the nine PHEP&R regions
DOH DL PHEPR Steering Committee	PHEPR Steering Committee Includes the designated representative from the lead LHJs in each of the nine PHEP&R regions and key DOH PHEPR staff.
LHJ-CDR	Child Death Review List Includes LHJ Child Death Review team members and DOH Child Death Review program staff.
LHJ-Drug Labs	Drug Labs Includes LHJ staff who address clandestine drug labs and DOH clandestine drug lab staff
LHJ-FISCAL	Financial Discussion Group Includes LHJ fiscal staff and DOH Local Fiscal Liaison – Steve Russman.
LHJ-HO	Health Officers Includes physician Health Officer for each LHJ, the State Health Officer and a select few others from DOH.
LHJ-ORALHEALTH	Oral Health Programs Group LHJ oral health coordinators and DOH oral health staff.
LHJ-REGIONALEPI	PHEPR Regional Epi and Surveillance Includes the surveillance and epidemiology staff for each of the nine PHEP&R regions and DOH Focus Area-B lead

List Name	List Name & Description of Subscribers
LHJ-VITALRECORDS	Vital Records Includes the deputy registrar for each LHJ and DOH State Registrar – Teresa Jennings.
WA-ASSESS	Assessment Coordinators Includes the assessment coordinator for each LHJ, DOH Local Assessment Liaison – Christie Spice, and others across the state who are interested in community assessment. Christie Spice
WA-COMDIS	Communicable Disease List Includes individuals from most LHJs (usually Communicable Disease staff); some hospitals; some other state and federal agencies, including the military; some colleges and universities; some tribes; and some without know affiliations.
WA-Epi Trends	Epi Trends Includes individuals who want to receive an electronic version of Epi Trends e-mailed to them.
WA-PHTN	Washington Public Health Training Network Includes individuals interested in receiving information about public health training opportunities
WA-RLS Misnomer, should be LHJ-RLS	PHEPR Regional Learning Specialists Includes the Regional Learning Specialist for each of the nine PHEP&R regions, DOH Focus Area-G Lead.
WSALPHO	Washington Public Health Officials List Generally, includes the “top four roles” for each LHJ – physician Health Officer, Administrator, PHND, EHD, plus up to two additional people from each LHJ; DOH SMT and selected others; UW NWCPHP folks and selected others; SBOH Ex Dir and selected others; miscellaneous others as approved.
WSALPHO-EXEC	Washington State Public Health Executive Officials List Includes This list includes the Executive Committee of WSALPHO. Members include officers of each forum plus officers of WSALPHO and senior managers of the Department of Health.
WSALPHO-LEG	Washington State Local Health Jurisdiction Local Health Legislation Includes members of the WSALPHO Legislative Committee and designated members of the DOH local health office and policy office.
WSALPHO-PHELF	WSALPHO – Public Health Executive Leadership Forum Includes the physician Health Officer and top administrator for each LHJ. This may be just one person in some LHJs (i.e. Benton-Franklin, Walla Walla). This captures the director for each LHJ.
WSALPHO-PHND	WSALPHO – Public Health Nursing Directors Includes the PHND from each LHJ. Not all are nurses, but all have oversight of personal health services and/or community health services. May include more than one person from some LHJs (i.e. Seattle-King County, Thurston)

Public Health Communication Plans and Activities

Media Relationships and Media Advocacy

The local health official's role usually includes frequent contact with the public, community groups, the media, and decision-makers. As part of the orientation process, new public health officials should review the LHJ's policies and procedures for external communication, including contact with the media. The media can be used as an advocacy tool to promote or clarify public health issues. There are many different ways to use the media; the best method depends on the issue and the circumstances. Some of the methods identified throughout the literature include:

- **News Release** – News Releases generally follow a standard format. The format is designed to give the reporter or editor all the information he or she needs quickly. By following the same format, all pertinent information, such as contact information, is in the same place and easy for the reporter to find.
- **Letter to the Editor** – A letter to the editor is the simplest way to communicate an opinion to the general public. The chances of having the letter printed greatly increases at smaller and less prominent newspapers or magazines. The most important caveat is to write a letter no longer than what the target newspaper tends to publish.
- **Op-ed** – Another way of contacting the media is by writing an opinion piece to be run on a newspaper's opinion-editorial page. Writing an opinion article offers an opportunity to present an extended argument. Careful planning will increase your chance of placing an op-ed.
- **Editorial Board Meeting** – The most powerful way to win support for your issue or reach your state or local government officials through the media is to gain the editorial support of your newspaper. Arranging an editorial board meeting will take more time than writing a letter to the editor, but the results are worth the effort.
- **Interview** – Another way of working with the media is to give interviews. Local talk shows, where available, have become a significant force in local and state politics.

The Learning Resource Toolkit provides several resources that provide information and tools for media relationship and media advocacy.

Responding to Media Requests

All public health practitioners should use media contacts to advance public health practice and increase the public's understanding of public health issues and services. Some general tips for responding to a media request are listed below.

- Return their calls quickly
- Learn more about the specific information they are seeking and if possible, why they are calling you
- Ask them who else they have talked to or are trying to contact
- Determine what their timeline is. When do they need the information?

- Confirm what information you will be getting to respond to their request and by when you will contact them.

The DOH Communications Office is available to provide assistance (Phone 360-236-4027). The Learning Resource Toolkit contains additional tips and tools for responding to media requests.

Communication During Emergencies

Communication should be a major focus of public health emergency preparedness and response efforts by LHJs. The *Bioterrorism and Emergency Readiness Competencies* (Centers for Disease Control and Prevention, 2002) highlight important communication roles for public health leaders, including communication planning, infrastructure development, and informing the public. Some of the competencies are listed below:

- *Communicating* public health information/roles/capacities/legal authority to partners
- Maintaining regular *communication* with emergency response partners
- Establishing emergency *communications* roles and responsibilities for emergency response
- Establishing a public health *communication* infrastructure and mechanisms
- Ensuring development and delivery of accurate event-specific, science-based risk *communication* messages to the public, to health care providers, to the media, and to the response community to the response community during a BT event

(A complete list of these competencies is available at <http://www.nursing.hs.columbia.edu/institute-centers/chphsr/btcomps.html>.)

Risk Communication

Risk Communication is a science-based approach for communicating effectively in high concern, low trust, sensitive, or controversial situations.

The following concepts are highlights from a 2000 Risk Communication Workshop given by Dr. Vince Covello, a national expert. The Learning Resource Toolkit includes additional resources.

- **Risk communication has three goals:**
 1. To increase knowledge and understanding
 2. To enhance trust and credibility
 3. To resolve conflict
- **Risk communication skills can be grouped into three areas:**
 1. The message (what)
 2. The messenger (who), and
 3. The media (how)
- **Three tips for effective messages:**
 1. Make your messages simple, short and relevant to your audience
 2. Repeat your 3 key messages often
 3. Always use visuals because they increase attention, recall and understanding

- **Three tips for building trust and credibility:**
 1. Demonstrate empathy and caring in your body language and key messages. Fifty percent of your credibility depends on whether people believe you care about their concerns.
 2. Demonstrate commitment to address people's concerns; expertise in the subject area; and an open, honest approach to handling information. Together, these three factors account for the remaining 50 percent of your credibility.
 3. Remember that credibility is in the eye of the perceiver. Find out who is highly credible with your target audience and align yourself with them, if possible.
- **Negative dominance theory:** (1N = 3P) If you are attacked or accused by a credible source, you need three positive messages to neutralize one negative message. You need one additional positive message to reestablish your credibility.
- **Message Mapping** is a technique for developing and displaying your three key messages and supporting points. Message maps are used as talking points and as the basis for written materials, exhibits and other communications.

Social Marketing

Social marketing is using marketing principles to influence human behavior to improve health or benefit society. It uses some of the same concepts as commercial marketing. It's not necessary to be a marketing expert to integrate social marketing into public health practice, but it helps to understand some basic marketing principles. According to *The Manager's Guide to Social Marketing*, a resource developed for public health professionals by the Turning Point Social Marketing National Excellence Collaborative, some of the fundamental marketing principles that are critical to the success of social marketing campaigns include:

- Understanding your audience, their needs and wants, their barriers, and their motivations;
- Being clear about what you want your audience to do; changes in knowledge and attitudes are good if, and only if, they lead to action;
- Understanding the concept of Exchange; you must offer your audience something very appealing in return for changing behavior;
- Realizing that competition always exists; your audience can always choose to do something else;
- Being aware of the "4 P's of Marketing (Product, Price, Place, Promotion) and how they apply to your program;
- Understanding the role that policies, rules and laws can play in efforts to affect social or behavioral change.

Additional information about social marketing and using social marketing in public health programs and practice are available in the Learning Resource Toolkit.

Public Health Communications Campaign

According to research conducted during 2001 through PHIP, few people use the term "public health" when discussing health-related issues, yet they count on public health agencies to protect them from dangers that are beyond their control, including communicable diseases and unsafe food and water.

Using the findings of the 2001 research, an evidence-based communications campaign was developed for public health officials and public health agencies. The campaign has four broad goals:

- 1) To help public health agencies define and convey what they do
- 2) To build a unified, statewide perception of what public health agencies are
- 3) To provide tools that public health agencies can use to communicate consistently throughout their programs, products and services
- 4) To inform planning and decisions

The overall purpose of this work is to convey consistent messages about public health. The communication campaign uses an “identity platform”. The identity platform consists of an overarching theme and supporting ideas that explain public health’s mission. It was developed using consumer, stakeholder and public health employee input. The identity theme is:

“Public Health: Always working for a safer and healthier Washington.”

This statement reflects what both internal and external audiences felt was valuable and unique about public health agencies in Washington. The theme is supported with three key ideas, or sub-themes, that answer the question of “how?” These sub-themes are:

- *Essential programs for improving health*
- *Information that works*
- *Protecting you and your family every day*

The committee’s work translates the language public health professionals use with each other into concepts and terms that carry meaning for different audiences, including the general public, the business community, elected officials and the news media.

As part of the communications campaign, public information kits with tools, presentations, public service announcements, artwork, and advice on working with reporters are available to local agencies as a web-based resource, and can be customized for local communities.

- ✓ The tools developed for the communications campaign can be accessed online at <http://www2.doh.wa.gov/philp/>.
- ✓ Examples of how LHJs are incorporating these tools can be seen on various LHJ websites. Access to these sites is available through a clickable image map located on the Orientation website (<http://www.doh.wa.gov/LHJMap/LHJMap.htm>)